



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

E. H. SOIKA, et al

SERIAL NO.: 07/984,899

FILED: December 2, 1992

FOR: "COMPACT COLLAPSIBLE  
INFUSION APPARATUS"

Batch No.: Q10

Group No.: 3303

Examiner: - J. WEISS

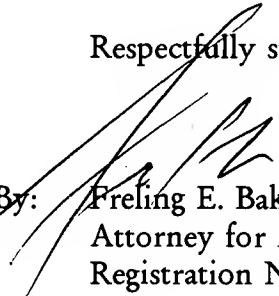
Hon. Commissioner of Patents and Trademarks  
Washington, D.C. 20231

Dear Sir:

ISSUE FEE

The Issue Fee in the above patent application is being paid herewith.

Respectfully submitted,

By:  Freling E. Baker  
Attorney for Applicant(s)  
Registration No. 24,078

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Freling E. Baker  
(Applicant, Assignee, Registered  
Representative)

  
(Signature)

November 12, 1993

(Date of Signature)

# PART B—ISSUE FEE TRANSMITTAL

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence, including the Issue Fee Receipt, the Patent Advances orders and notification of maintenance fees will be mailed to addressee entered in Block 1, unless you direct otherwise, by: (a) specifying a new correspondence address in Block below; or (b) providing the PTO with a separate "FEE ADDRESS" for maintenance fee notifications with the payment of Issue Fee or thereafter. **See reverse for Certificate of Mailing.**

1. CORRESPONDENCE ADDRESS

FRELING E. BAKER  
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F3M1/0826

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
07/984,899	12/02/92	028	WEISS, J	08/26/93
First Named Applicant	SOIKA	EMIL H.		

TITLE OF INVENTION

COMPACT COLLAPSIBLE INFUSION APPARATUS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3 882	604-132.000	010	UTILITY	NO	\$1170.00	11/26/93

3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 BAKER, MAXHAM  
2 JESTER & MEADOR  
3 \_\_\_\_\_

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090 BA 11/18/93 07984899  
090 BA 11/18/93 07984899

1 142 1,170.00 CK  
1 561 30.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE:

BLOCK MEDICAL, INC.

(2) ADDRESS: (CITY & STATE OR COUNTY)

5957 Landau Court, Carlsbad, CA 92008

(3) STATE OF INCORPORATION, IF ASSIGNEE IS A CORPORATION

Delaware

A. ☐ This application is NOT assigned.

☐ Assignment is being previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignments should be directed to Box ASSIGNMENTS.

**PLEASE NOTE:** Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advanced Order - # of Copies (Minimum of 10)

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☐ Any Deficiencies Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Signature of party in interest of record)

(Date)

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